

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

I.	INSTALLATION'S EPA I.D. NO.	
II.	NAME OF INSTALLATION	GENERAL ELECTRIC CO. APPARATUS SERVICE SHOP
III.	INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE CASSENS DR. FENTON, MO. 63026

FOR OFFICIAL USE ONLY

[illegible]

INSTALLATION'S EPA I.D. NUMBER													APPROVED		DATE RECEIVED (yr., mo., & day)			
S													T	A	C			
F	M	C	D	0	0	0	6	8	7	4	8	3	2	1				
1	2												13	14	15	16	17	22

I. NAME OF INSTALLATION																																	
G	E	N	E	R	A	L	E	L	E	C	T	R	I	C	C	O	.	A	P	P	A	R	A	T	U	S	S	E	R	V	I	C	E

II. INSTALLATION MAILING ADDRESS		STREET OR P.O. BOX																																			
C	3	C	A	S	S	E	N	S		D	R	I	V	E																							
15	16																									45											
		CITY OR TOWN																ST.		ZIP CODE																	
C	4	F	E	N	T	O	N																						M	O	G	3	0	2	6		
15	16																									40	41	42	43	44	45						

III. LOCATION OF INSTALLATION																													
STREET OR ROUTE NUMBER																													
C																													
5	SAME CASSENS DRIVE																												
15	16																												
CITY OR TOWN																						ST.		ZIP CODE					
C																													
6	FENTON																						MO		63026				
15	16																							40	41	42	43	44	45

IV. INSTALLATION CONTACT																					
NAME AND TITLE (last, first, & job title)												PHONE NO. (area code & no.)									
C																					
2	ARTHUR ROBERT T. MGR-MFG ENGR												314-342-7809								
15	16											A5	A6	-	A8	49	-	51	52	-	55

V. OWNERSHIP	
A. NAME OF INSTALLATION'S LEGAL OWNER	
C 8	GENERAL ELECTRIC CO.
15 16	95
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)	VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))
F = FEDERAL M = NON-FEDERAL	<input checked="" type="checkbox"/> 37 A. GENERATION <input type="checkbox"/> 38 B. TRANSPORTATION (complete item VI)
M	<input type="checkbox"/> 39 C. TREAT/STORE/DISPOSE <input type="checkbox"/> 40 D. UNDERGROUND INJECTION
96	50

VII. MODE OF TRANSPORTATION (*transporters only – enter "X" in the appropriate box(es)*)

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
<small>44</small>	<small>45</small>	<small>46</small>	<small>47</small>	<small>48</small>

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

[illegible]

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

R00407053
RCRA RECORDS CENTER



I.D. -- FOR OFFICIAL USE ONLY															
S	WMO000687483													T/A C	
1	2												13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001	2 F002	3 F003	4 F005	5 F017	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U002	32 U013	33 U140	34 U159	35 U165	36 U220
37 U226	38 U238	39 U239	40 P071	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

X William J. Scarff

NAME & OFFICIAL TITLE (type or print)

William J. SCARFF
Mgr - ST Louis Service Shop

DATE SIGNED

1/5/80